National Adolescent Health Information Center



Fact Sheet on

Reproductive Health:

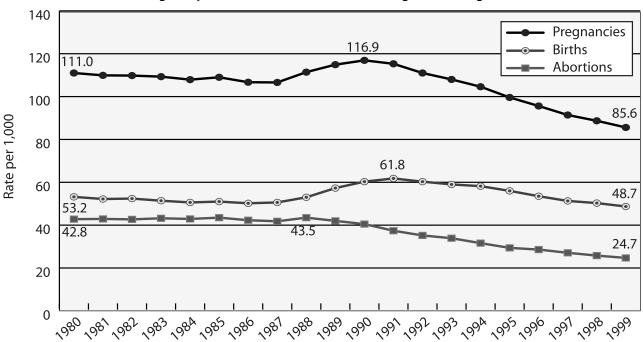
Adolescents & Young Adults

Highlights:

- ▶ Adolescent pregnancy rates have decreased to record lows.
- ▶ White adolescent females have a lower rate of pregnancy than their Black and Hispanic peers.
- Adolescents' initiation of sexual activity has declined during the past decade.
- ▶ About 4 in 10 Black male students have had sex with 4 or more people during their lifetime.
- ▶ The prevalence of chlamydia is over six times higher for female adolescents than their male peers.
- Females account for more than half of the HIV cases among adolescents.

Adolescent pregnancy rates have decreased to record lows.

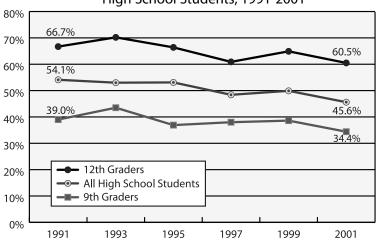
Trends in Pregnancy, Birth and Abortion Rates Among Females Ages 15-19, 1980-1999



There has been a substantial decline in adolescent pregnancy over the last decade. The 1999 pregnancy rate is the lowest since data collection for ages 15-19 began in 1972 (Henshaw, 2003). About one in five sexually active adolescents becomes pregnant each year (Darroch & Singh, 1999). About 846,000 teenagers ages 15-19 became pregnant in 1999, a decrease from more than 1,000,000 in 1990. Birth rates also decreased in the 1990s, while abortion rates declined significantly (Ventura et al., 2003).

Adolescents' initiation of sexual activity has declined during the past decade.

Trends in Sexual Intercourse Experience by Grade Level, High School Students, 1991-2001

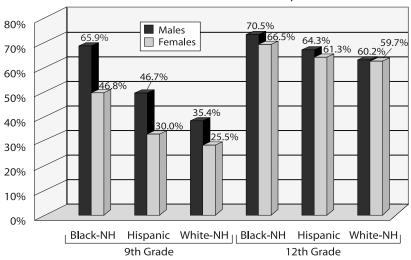


The percentage of high school students who reported initiation of sexual activity decreased from 54.1% in 1991 to 45.6% in 2001. Rates declined for all racial/ethnic groups: between 1991 and 2001, the percentage of Black, non Hispanic high school students who reported being sexually experienced declined from 81.4% to 60.8%. For Hispanic and White-NH* students, these figures were 53.1% to 48.4%, and 50.0% to 43.2%, respectively (Brener et al., 2002).

Male and Black students report sexual activity at an earlier age than their peers.

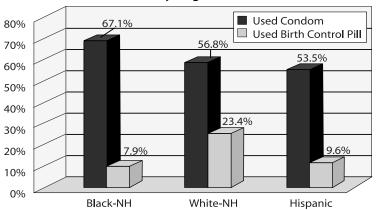
Male students report sexual activity at an earlier age, with females reporting similar rates by their senior year. Black-NH students report first sexual intercourse at earlier ages. Almost two thirds of 9th grade Black-NH males have had sexual intercourse, compared to about half of their Hispanic and one third of their White-NH peers. Black-NH female students are also more likely to have had sexual intercourse than their peers. By 12th grade the overall gender and race/ethnicity gaps decrease significantly (YRBSS, 2003a).

Sexual Intercourse Experience by Race/Ethnicity, Gender and Grade Level, 2001*



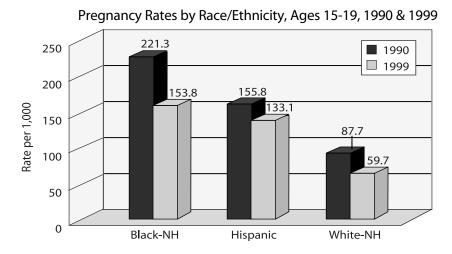
Almost three fifths of sexually active students use condoms.

Use of Condoms and Birth Control Pills by Race/Ethnicity, High School Students, 2001



Among sexually active high school students, condom use at last intercourse rose from 46.2% in 1991 to 57.9% in 2001. Black-NH students were more likely to report condom use than White-NH and Hispanic students. By contrast, sexually active White-NH students are two to three times more likely to report using oral contraceptive pills than their Black-NH and Hispanic peers (Grunbaum et al., 2002). Data from 1995 show that Black-NH female teenagers were over 3 times more likely to use implant or injectable contraception than their White-NH peers (16% vs. 5%) (Abma & Sonenstein, 2001).

White adolescent females have a lower rate of pregnancy than their Black and Hispanic peers.

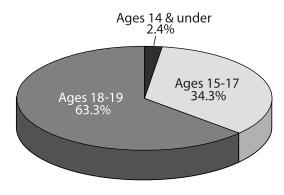


White-NH females ages 15-19 have lower rates of pregnancy than their Hispanic and Black-NH peers. Between 1991 and 1999, pregnancy rates declined most markedly for Black-NH and White-NH adolescents, while declines were more modest for Hispanic adolescents. As figures in the graph indicate, Black-NH and Hispanic adolescents continue to become pregnant at a rate greater than two times that of White-NH adolescents (Ventura et al., 2003).

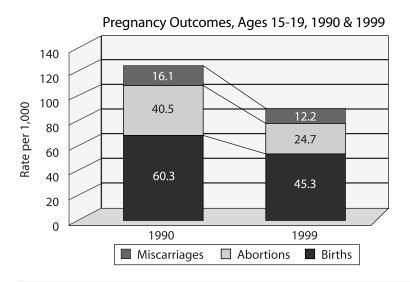
Females ages 18-19 account for about two thirds of adolescent pregnancies.

Among adolescent females, about two thirds of pregnancies occur in the 18-19 age group. About one third of pregnancies occur in the 15-17 age group and a little over 2% occur in the 14-and-under age group. Pregnancy rates (per 1,000) for all three age groups decreased between 1990 and 1999. The overall pregnancy rate for females ages 15-19 fell from 116.9 in 1990 to 85.6 in 1999, the lowest level since data collection began in 1972 (Henshaw, 2003). Similarly, the percentage of high school males who reported they got someone pregnant decreased from 5.3% in 1991 to 4.0% in 2001 (YRBSS, 2003b).

Pregnancy among Females by Age Group, Ages 15-19, 1999



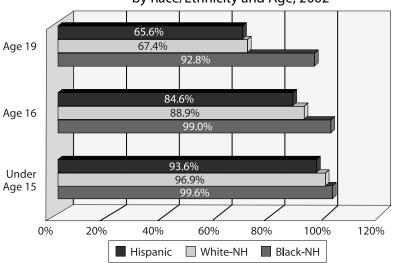
Abortion rates and birth rates have declined in the past decade.



During the 1990s, birth and abortion rates fell among adolescents ages 15-19. Between 1991 and 2001, the adolescent birth rate (per 1,000) fell 26%, from 60.3 to 45.3 (Henshaw, 2003). Black-NH and White-NH adolescents experienced the steepest declines, while declines were smaller for Hispanic, Al/AN*, and A/PI* adolescents (Martin et al., 2003). With a 39% decrease, the adolescent abortion rate (per 1,000) fell even more steeply, going from 40.5 in 1990 to 24.7 in 1999. Abortion rates are higher for Black-NH (58.1) and Hispanic (32.1) adolescents than for White-NHs (15.5) (Ventura et al., 2003). Because the decline in abortion rates is greater than the decline in birth rates, a greater proportion of adolescent pregnancies ended in birth than abortion (Henshaw, 2003).

Eighty percent of births among adolescents occur among unmarried females.

Births Among Unmarried Adolescents by Race/Ethnicity and Age, 2002

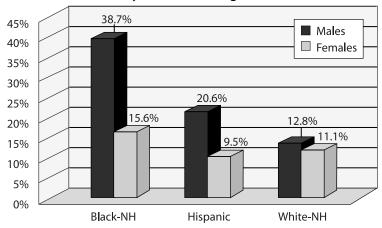


Out-of-wedlock births account for four in five births (80%) to adolescents ages 15-19 – a figure that varies significantly by race/ethnicity. Among children born to Black-NH adolescents, 95.9% were born out of wedlock, compared to 75.4% and 73.9% for White-NH and Hispanic adolescents, respectively. The racial/ ethnic disparity for out-of-wedlock births is larger among older adolescents than younger adolescents (Martin et al., 2003)

About 4 in 10 Black male students have had sex with 4 or more people during their lifetime.

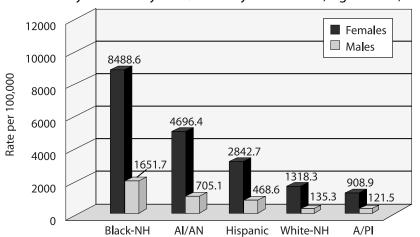
In 2001, nearly 40% of Black-NH male students reported having four or more sex partners during their lifetime, a decrease from 58.8% in 1993. Male students are 1.5 times more likely to report this behavior than their female peers (Grunbaum et al., 2002; Kann et al., 1995). Adolescents and young adults are more likely than other age groups to have multiple sex partners, to engage in unprotected sex, and, for young women, to choose sexual partners older than themselves, all of which are risk factors for sexually transmitted infections among adolescents (CDC, 2000).

Four or More Sex Partners During Lifetime by Race/Ethnicity and Gender, High School Students, 2001



The prevalence of chlamydia is over six times higher for female adolescents than their male peers.

Chlamydia Rates by Race/Ethnicity and Gender, Ages 15-19, 2002

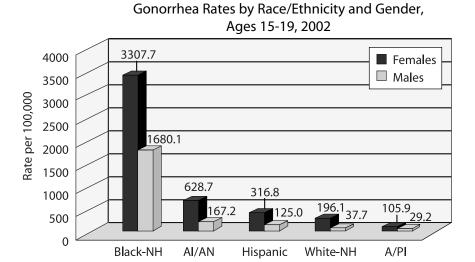


The chlamydia rate (per 100,000) for females ages 15-19 is 6.4 times that of same-age males (2,626.4 vs. 411.7). Black-NH female adolescents have the highest rates of chlamydia: 2 to 9 times that of same-age females in other racial/ethnic groups and 5 times that of same-age Black-NH males (CDC, 2003). Overall, chlamydia rates for adolescents have increased from 1080.8 in 1996 to 1488.3 in 2002 (CDC, 2001; CDC, 2003).

NOTE: Increased screening and testing for STIs may affect the trend of increased rates of STIs among adolescents.

Fact Sheet on Reproductive Health: Adolescents & Young Adults - Page 5

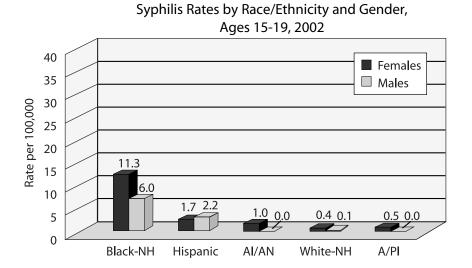
Black female adolescents have the highest prevalence of gonorrhea.



Gonorrhea is less prevalent than chlamydia; the rate of gonorrhea is a third that of chlamydia. The gonorrhea rate (per 100,000) for Black-NH female adolescents ages 15-19 is 5 to 31 times that of same-age females in other racial/ethnic groups and twice that of same-age Black-NH males. Although the prevalence of gonorrhea among Black-NH adolescents declined from 2924.9 in 1996 to 2484.9 in 2002, this group accounted for more than three-quarters of all reported adolescent cases in 2002 (CDC, 2001; CDC 2003).

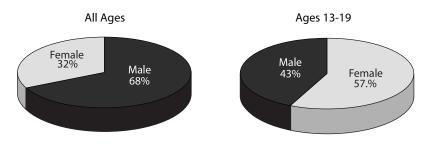
▶ Black female adolescents have the highest rates of syphilis, a less common disease.

Syphilis (primary & secondary) is relatively uncommon among adolescents: gonorrhea and chlamydia are 280 and 875 times more prevalent, respectively. Syphilis rates (per 100,000) decreased from 6.1 in 1996 to 1.7 in 2002 (CDC, 2001; CDC, 2003). As with chlamydia and gonorrhea, Black-NH female adolescents have higher rates of syphilis infection. With a rate of 11.3/100,000, Black-NH females ages 15-19 are 7 to 28 times more likely to be infected with syphilis than same-age females in other racial/ethnic groups, and about twice as likely as same-age Black-NH males (CDC, 2003).



Females account for more than half of the HIV cases among adolescents.





Females comprise an increasing proportion of all HIV and AIDS cases among youth. Among adolescents ages 13-19, females comprise 57% of new HIV infections and 48% of new AIDS cases reported in 2001. Adolescents ages 13-19 account for 3.8% of all cumulative HIV cases and 0.5% of all AIDS cases. Among adolescents and young adults (ages 13-24), Black-NHs account for over half (56%) of all HIV cases and 44% of all AIDS cases ever reported for this age group. While men account for 71% of AIDS cases among young adults ages 20-24, they only account for about 60% of new HIV cases in this age group (CDC, 2002).

Data Sources:

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Ventura, S. J., Abma, J. C., Mosher, W. D., & Henshaw, S. (2003). Revised pregnancy rates, 1990-1997, and new rates for 1998-99: United States. *National Vital Statistics Reports*, *52*(7), 1-15. [Available at (12/03): http://www.cdc.gov/nchs/data/nvsr/nvsr52/nvsr52_07.pdf]

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Youth Risk Behavior Surveillance Sytem [YRBSS], Division of Adolescent and School Health, Centers for Disease Control and Prevention. (2003b). *Youth 2001 Online* [Online Database]. [Available at (12/03): http://www.cdc.gov/nccdphp/dash/yrbs/2001/youth01online.htm]

In all cases, the most recent available data were used. Some data are released 1-3 years after collection. For questions regarding data sources or availability, please contact NAHIC. For racial/ethnic data, the category names presented are those of the data sources used. Every attempt was made to standardize age ranges. When this was not possible, age ranges were those of the data sources used.

NAHIC Briefs and Fact Sheets

Brief on Clinical Preventive Health Services for Adolescents

Brief on Mental Health: Adolescents & Young Adults

Brief on Obesity: Adolescents & Young Adults

Fact Sheet on Adolescent Health Care Utilization

Fact Sheet on Demographics: Adolescents

Fact Sheet on Mortality: Adolescents & Young Adults

Fact Sheet on Reproductive Health: Adolescents & Young Adults

Fact Sheet on Substance Use: Adolescents & Young Adults

Fact Sheet on Suicide: Adolescents & Young Adults

Fact Sheet on Unintentional Injury: Adolescents & Young Adults

Fact Sheet on Violence: Adolescents & Young Adults

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Background on NAHIC

The National Adolescent Health Information Center (NAHIC) was established with funding from the Maternal and Child Health Bureau in 1993 (4H06 MC00002) to serve as a national resource for adolescent health research and information to assure the integration, synthesis, coordination and dissemination of adolescent health-related information.

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Copies of any of the listed Briefs & Fact Sheets can be found on the World Wide Web at http://youth.ucsf.edu/nahic.





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